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ABSTRACT

The 1980s brought an unprecedented rise in the number of homeless families with children. That there may be as many as three million homeless persons in the United States, with families representing one-third of this population, indicates that homelessness is a social problem of catastrophic proportions. This paper finds that while Federal initiatives such as the Stewart B. McKinney Homeless Assistance Act have provided limited emergency aid to homeless families, the following three major categories of challenges remain unmet: (1) reducing the number of homeless families; (2) providing a legal right to emergency shelter; and (3) providing the necessary support services. The paper reviews research on the following serious threats to homeless children's ability to thrive and their future well-being: (1) health problems and inadequate health care; (2) hunger and poor nutrition; (3) developmental delays; (4) increased frequency of psychological problems; and (5) educational underachievement. Findings of this research indicate that an entire generation of homeless children faces truly unacceptable risks. These risks must be countered by housing assistance, food, health care, mental health care, early intervention programs, and the same public education received by permanently housed children or better. A list of 30 references is appended. (AF)

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HOMELESS CHILDREN IN AMERICA: CHALLENGES FOR THE 1990'S

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Dedicated to the protection of every young person's right to an education

INTRODUCTION

The 1949 Housing Act established a national goal of affordable, decent, safe, and sanitary housing for every American family in the United States (National Alliance to End Homelessness, 1988). This goal remained unmet through the 1980's. Instead, that decade brought an unprecedented rise in the number of homeless families with children - "a decade of national shame" according to the National Coalition for the Homeless (1989b).

That there may be as many as three million homeless persons in the United States, with families representing more than one-third of this population, indicates that the crisis of homelessness is a social problem of catastrophic proportions.

The rise in family homelessness, particularly during a time of national economic prosperity, is generally attributed to macro social and economic factors (McChesney, in press-c). Some have lost their permanent housing as a result of fires or vacate orders placed because of dangerous housing conditions. Some have lost their permanent housing because, without the assistance of counsel, they were improperly evicted. Some are families who have lost their jobs, had their public assistance benefits erroneously terminated, or found their shelter allowance inadequate to pay skyrocketing rents. Others had been living in overcrowded and unhealthy conditions, or doubled-up with relatives or friends - unable to find affordable housing. Many

of the women and their children are victims of domestic violence (Childrens Defense Fund, 1990b; National Coalition for the Homeless, 1987b; 1989b).

Nobody knows for sure how many children and youth are homeless, either living in homeless families or on their own, since most estimates are based on different assumptions and methods. Contributing to the magnitude of the discrepancy are definitional issues, data-gathering issues, political ideology, and the purposes for which the statistics are being gathered and used. Whatever the figure, however, all parties agree that the number of homeless children nationwide has reached alarming proportions and that something must be done (Mihaly, 1989).

THE FEDERAL RESPONSE TO FAMILY HOMELESSNESS

In July of 1987, the Stewart B. McKinney Homeless Assistance Act (Public Law 100-71) was enacted by Congress, providing the nation's first legislative response to the growing crisis of homelessness and the needs of the homeless population. The act authorized slightly more than $1 billion in emergency funds for fiscal years 1987 and 1988 for states to offer a comprehensive range of 18 different programs to provide urgently needed assistance to protect and improve the lives and safety of homeless individuals and families.

Several of these programs were already in existence and were augmented by the new law - the Emergency Food and Shelter Program; the Emergency Shelter Grants Program; and the

Transitional Housing Demonstration Program. The remainder were newly created to provide health care, mental health services, alcohol and drug abuse treatment, the rehabilitation of single room occupancy dwellings, education, job training, and veterans assistance services (Interagency Council on the Homeless, 1989; U.S. Conference of Mayors, 1988).

UNMET CHALLENGES

While McKinney funds have facilitated whatever limited progress has been made in providing emergency aid to homeless families, much remains to be done. Unmet challenges fall into three major categories: (1) reduce the number of homeless families; (2) provide a legal right to emergency shelter; and (3) provide the necessary support services (cf. National Alliance to end Homelessness, 1988; National Coalition for the Homeless, 1989; Partnership for the Homeless, 1989; U.S. Conference of Mayors, 1988; U.S. Conference of Mayors, 1989b).

Reduce the number of homeless families. Instrumental in reducing the number of homeless families is the need to address the root cause of homelessness: the shortage of permanent affordable housing. The housing needs of homeless families include options for rehousing those who are currently homeless, and strategies to prevent additional homelessness (cf. National Alliance to end Homelessness, 1988). New initiatives are needed as well as greater efforts through existing programs.

There appears to be a general consensus that the housing

needs of homeless families cannot be met until the Federal Government increases its involvement by reverting to prior levels of commitment. For example, the Federal Government spent $36 billion on housing in 1981 in contrast with $7 billion in 1989 (Cuomo, 1990). After pointing out that this $7 billion contrasts with the estimate at the time of $166 billion used to bail out the savings and loan associations, and that "these scraps that were left behind" did not go to providing affordable housing and instead was stolen in the Housing and Urban Development (HUD) scandal, Cuomo (1990) concludes: "Its a question of values, of priorities, and of commitment" (p.7).

Provide a legal right to emergency shelter. While affordable permanent housing is the fundamental issue of homelessness, it is not the sole need of homeless families with children. One immediate need is for emergency transitional shelter facilities. Yet, few states provide homeless families with a legal right to emergency shelter, and where they do, it has come only as a result of advocates bringing the issue before the courts. It should be remembered, however, that while emergency shelters remain an essential short-term solution for the homeless, they are not adequate for long term needs.

The urgent need for increased Federal involvement in this area is easily illustrated: 78% of 27 recently surveyed cities turn away homeless families because of a lack of resources; 62% of cities report being unable to keep homeless families intact

while receiving emergency shelter, requiring families to break themselves up or give their children up to foster care in order to be accommodated; and families are often able to avail of shelter during night time hours -- 50% of the cities surveyed ask families to leave the shelter during the day (U.S. Conference of Mayors, 1989b).

Provide the necessary support services. Homeless families and children need adequate services, including housing assistance, food, health care, mental health care, early intervention programs to prevent the onset of developmental delays, and the same or better public education received by permanently housed children.

The need for these support services is demonstrated by some recent research on homeless children. I will attempt to briefly highlight some of these findings - paying particular attention to health problems and inadequate health care; hunger and poor nutrition; developmental delays among pre-school age children; increased frequency of depression; and educational underachievement.

Research on the impact of homelessness on children indicates that homeless children confront serious threats to their ability to succeed and their future well-being. Of particular concern are health problems and inadequate health care; hunger and poor nutrition; developmental delays; increased frequency of

psychological problems; and educational underachievement.

Health Problems and Inadequate Health Care

Studies have consistently found that homeless children have elevated levels of acute and chronic health problems. Wright (1987) compared the occurrence of various diseases and disorders among 1,028 homeless children with rates observed among U.S. ambulatory patients. All of the disorders studied were more common among homeless children, often occurring at double the rate in the general pediatric caseload.

The most common disorders among homeless children were upper respiratory infections (42% vs. 22% in the national sample), minor skin ailments (20% vs. 5%), ear disorders (18% vs. 12%), chronic physical disorders (15% vs. 9%), and gastrointestinal disorders (15% vs. 3.5%). Infestational ailments, although relatively uncommon among homeless children (7%), occurred at over 35 times the rate in the national sample.

Other studies are consistent with these findings. Alperstein and colleagues reviewed the clinic charts of 265 homeless children under 5 who were living in a "welfare" hotel (Alperstein & Armstein, 1988; Alperstein, Rappaport, & Flanigan, 1988). A quarter (27%) of the homeless children were late in getting necessary immunizations, compared to 8% of the 100 poor children who lived in permanent housing. Twice as many homeless children (4%) had elevated lead levels in the blood as compared with 1,072 general population children (1.7%). Rates of hospital admission

were almost twice as high for 2,500 homeless children under the age of 18 as for 6,000 children of the same age living in the same area (11.6/1000 compared to 7.5/1000). Even more startling is the fact that 70% of homeless children under the age of two in New York City are not up to date in their immunizations (Redlener, 1989). In addition to the human costs associated with these health concerns, they also have grave fiscal implications. Every one dollar in childhood immunizations saves ten dollars in later medical costs.

While research has demonstrated that poor children have less access to quality health care than middle-class children, children who are both poor and homeless are at an even greater disadvantage. Access to timely and consistent health care is compromised by extreme poverty, removal from community ties, frequent disruptions in family life, and lack of health insurance.

The scarcity of adequate health care for homeless children begins with the paucity of prenatal care available to their mothers. Chavkin and colleagues compared the reproductive experience of 401 homeless women in welfare hotels in New York City to that of 13,249 women in public housing and to all live births in New York City during the same time period (Chavkin, Kristal, Seabron, & Guigli, 1987). Overall, 40% of the homeless women received no prenatal care compared to 14.5% of the public housing residents, and 9% of all women in New York who gave birth during the same period. Significantly more of the homeless women

-- 16.3%, compared to 11.4% of women in public housing and 7.4% of all women had low birth weight babies. Infant mortality was also extraordinarily high -- 25 deaths per 1,000 live births among homeless children compared to 17 for housed poor women and 12 per 1,000 citywide.

Hunger and Poor Nutrition

In their survey of 26 cities, the U.S. Conference of Mayors (1987) described a variety of negative effects that homelessness is having on the physical and emotional well-being of homeless children. Mentioned most frequently were lack of food and/or poor nutrition.

Dehavenon and Benker (1989) report that non-pregnant adults in 202 families requesting shelter in New York City reported eating only once per day over the last three days on average; pregnant women ate twice per day. Although children were reported to have eaten three times per day, suggesting that adults gave up food for them or that they ate elsewhere, children's food intake appears unlikely to be adequate when the nutritional picture for their families is so poor. Among those in the shelter system for at least a week, non-pregnant women lost an average (median) of 8 pounds; of 98 pregnant women, 22% reported losing weight during their pregnancy and an additional 8% reported no weight gain. Nine of 26 families reported stretching infants' formula with water.

Hunger and poor nutrition among homeless families is

compounded by a lack of adequate services. The vast majority of homeless families are headed by women who rely on Aid to Families with Dependent Children (AFDC) as their primary source of income. However, these benefits have recently being described as "woefully inadequate" by the National Coalition for the Homeless (1988). Living on incomes generally below 70% of the federal poverty line, families frequently have great difficulty making ends meet. In addition, the efforts of homeless families with children to manage on inadequate benefits are frequently compounded by failure to receive benefits to which they are entitled, erroneous case closings, and benefit reductions.

The consequences of not meeting young children's nutritional needs are well documented: growth is affected, physical health deteriorates, mental health is adversely affected, behavioral problems increase, the ability to concentrate is compromised, and academic performance suffers.

Developmental Delays

The developmental abilities of homeless children place them at risk for problems later on. Early language and cognitive skills form the necessary foundation for both formal and informal learning. Yet, despite the abundance of literature documenting the importance of quality day care services to provide both social and intellectual stimulation, the existence of such programs for homeless children is clearly inadequate.

Molnar (1988) documents observational and teachers' anecdotal

accounts of distressing behaviors of homeless pre-schoolers age 2-1/2 to 5 years. The behaviors most frequently mentioned include:

(a) Short attention span (difficulty sitting still and focusing attention on an activity that others were engaged in);

(b) Withdrawal (tendency to isolate self from others, and instead, engaging in self-stimulating activities such as thumb sucking);

(c) Aggressions (quick to overreact; intrusive behavior);

(d) Speech delays (child is difficult to understand and refrains from the use of language to express needs);

(e) Sleep disorders (afraid to fall asleep, difficult staying asleep);

(f) Regressive/toddler-like behaviors (thumb sucking)

(g) Inappropriate social interaction with adults (unusually friendly with strangers, e.g. hugging, craves attention);

(h) Immature peer interact (does not like to share);

(i) Strong sibling relationships (overly protective);

(j) Immature gross motor behavior (clumsy stride); and

(k) Food issues (throwing temper tantrums until fed; hoarding at meals).

Developmental delays among children age 5 years or younger are more prevalent among homeless children than among their permanently housed peers. Bassuk and colleagues assessed the developmental abilities (gross and fine motor skills; language; and personal and social development) of 81 children (age 5 or younger) living in family shelters in Massachusetts (Bassuk & Rubin, 1987; Bassuk, Rubin & Lauriat, 1986; Bassuk & Rosenberg, 1988). Almost half 47% manifested at least one developmental lag

in contrast with 16% of housed pre-schoolers. Overall, 36% of the homeless children demonstrated language delays; 34% could not complete the personal and social developmental tasks; 18% lacked gross motor skills; and 15% lacked fine motor coordination.

The availability of quality day care services to provide both social and intellectual stimulation is grossly inadequate. If homeless pre-schoolers are to succeed later in life, preventive intervention programs must be implemented very early in their lives.

Psychological Problems

Given the destructive psychological environmental conditions under which homeless children live, it is not surprising to find that they appear to be at increased risk for anxiety, depression, and behavioral problems. These psychological factors are well known to interfere with one's capacity to learn. Few, unfortunately, ever receive the necessary mental health and other support services that they require.

Bassuk and colleagues evaluated the level of depression, anxiety, and behavioral problems among homeless children (Bassuk & Rubin, 1987; Bassuk, Rubin, & Lauriat, 1986; Bassuk & Rosenberg, 1988). Over half of the homeless children (54%) evidenced a need for mental health evaluation based on their scores on the Children's Depression Inventory (e.g. I feel sad). Almost one third (30%) evidenced a need for mental health evaluation based on their scores on the Children's Manifest Anxiety Scale (e.g. I

worry a lot of the time). Almost 66% of the boys and 50% of the girls evidenced a need for mental health evaluation based on their scores on the Achenbach Behavior Problem Checklist, which parents fill out concerning their children's behavior.

Behavioral disturbances among pre-school children have also been assessed. In one study (Bassuk & Rubin, 1987; Bassuk, Rubin, & Lauriat, 1986), homeless children scored significantly higher than the housed "normal" children on the following problems: attention, sleep, shyness, speech, withdrawal, and aggression. Interestingly, the only area in which homeless children scored significantly better than housed children was in being less afraid of new things.

The strain of homelessness on children is also reflected in findings from a recent study of 256 homeless children in Columbus, Ohio (Wagner, Menke, Grossman, L., & Tolbert, H. 1990). When asked "If you had three wishes what would they be?," the most common response was "a house." Tragically, other common responses were "food" and "money." When asked to draw a picture, a common theme was to draw furniture placed outside the four walls of a house, or to draw a house suspended in mid air. One does not need a degree to psychology to capture the tragic lesson to be learned from these examples.

Educational Underachievement

Advocates for Children (1989) has conducted extensive research on the educational achievement of homeless children.

Last year, we examined the educational records of the entire population of 9,659 homeless school-age children in New York City, and compared them with available overall data on all New York City students.

AFC looked at three indicators of academic performance: reading achievement; mathematics achievement; and holdover rates.

* Only 43% of the 3,805 homeless students (grades 3 through 10) who took the Degrees of Reading Power test (DRP) in May, 1988 scored at or above grade level, compared to 68% of all New York City students.

* Only 28% of the 4,203 students (grades 2 through 8) who took the Metropolitan Achievement Test (MAT) in the Spring of 1988 scored at or above grade level, compared to 57% of all New York City students.

* Homeless children are held over at double the rate of New York City students in general -- 15% vs. 7%.

In addition to comparing achievement scores with the overall population of New York City students, homeless students reading scores were also compared with students from 73 schools with the highest percentage of low-income students. Only one of the 73 schools had a lower proportion of students reading at or above grade level than homeless students who attended school in the same district.

Government estimates of the number of homeless school age children who do not attend school regularly range from 15% (The United States General Accounting Office, 1989) to 30% (The United States Department of Education, 1989). In contrast, the National Coalition for the Homeless (1987), estimate that 57% of homeless

school age children do not attend school regularly.

AFC compared the school attendance of all 6,433 New York City public school students who resided in emergency shelter facilities at some point between February and May 1988 with that of all New York City students. High school students had the greatest absentee record, attending school only 50.9% of the time versus 83.9% of New York City high school students overall. Intermediate rates were reported by junior high school students (63.6% vs. 85.5%) followed by children in elementary schools (73.6% vs. 88.7%).

CONCLUSION

Homeless children confront abject poverty, and experience a constellation of risks which are having a devastating impact on their well-being. The research which has been reviewed here links homelessness among children to hunger and poor nutrition, health problems and lack of health and mental health care, developmental delays, psychological problems, and academic underachievement. In every category explored, children growing up in shelters and hotels are worse off as a group when compared with their permanently housed peers of the same age.

Yet, homeless children continue to be warehoused in uninhabitable shelters and hotels for excessive periods of time. Since the problems associated with homelessness have only recently been recognized, only the short-term consequences have been examined. Little attention is being paid to what the long-term

trauma to these children will be.

An entire generation of homeless children face truly unacceptable risks that jeopardize the future potential of each child. In the long run, the social costs of producing a lost generation of children -- which will include increased costs for criminal and juvenile justice, medical care, and special education programs -- are likely to substantially exceed the costs of providing sufficient amounts of permanent housing to end the crisis of homelessness. However, while the societal costs of supporting underemployed, indigent young adults who were once homeless will be counted in the multiple billions of dollars, the human costs will be much more tragic. Our cities and our nation must develop appropriate and effective response.

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